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The R.W. Johnson Pharmacutical Research Institute  
3210 Merryfield Row, San Diego, CA

**FACSIMILE TRANSMISSION COVERSHEET**

DATE: November 21, 2000

TO: Mary Anne Debrino  
Examiner

COMPANY: U.S. Patent & Trademarks Office

FACSIMILE NO.: (703) 305-7401

FROM: John W. Wallen

TELEPHONE NO.: (858) 784-3239

FACSIMILE NO.: (858) 450-2002  
or: (858) 450-2078

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3

COMMENTS: Ms. Debrino, attached is the divisional application for art1060,  
Serial No. 09/434,965 requesting the cancellation of Claims  
1-15, 19-26. See Section 17.

(IF THERE IS A PROBLEM WITH THIS TRANSMISSION PLEASE CALL (858) 784-3249)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(e))

Attorney Docket No.

ORT-1060

First Named Inventor or Application Identifier  
Alain T. luxembourg et al

Express Mail Label No.

EM372325747US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 30]<br/><i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 29]</p> <p>4. Oath or Declaration</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Unexecuted original</li> <li>c. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional check boxes 5 and 16)</i></li> <li>i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u><br/><i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></li> </ul> <p>5. <input checked="" type="checkbox"/> Incorporation by Reference<br/><i>(useable if Box 4c is checked)</i><br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>16. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br/>Amend the specification by inserting before the first line: - This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional<br/><input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 08/909549, filed 12 Aug 1997. --</p> <p>17. For this divisional application, please cancel original Claims 1-15, 18-26 of the prior application before calculating the filing fee.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br/><i>(when there is an assignee) <input type="checkbox"/> Power of Attorney</i></p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>15. <input checked="" type="checkbox"/> Other: Express Mail Certificate<br/>EM372325747US</p> |
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**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Labelor  Correspondence Address below

Name: Audley A. Clamporcero, Jr., Esq.  
 Address: Johnson & Johnson  
           One Johnson & Johnson Plaza  
           New Brunswick, NJ 08933-7003 USA

**19. TELEPHONE CONTACT**

Please direct all telephone calls or telefaxes to John W. Wallen, III at:  
 Telephone: (732) 524-2808      Fax: (732) 524-2808

**19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME

John W. Wallen, III

Reg. No. 35403

SIGNATURE

DATE

November 5, 1999

**FEE TRANSMITTAL**

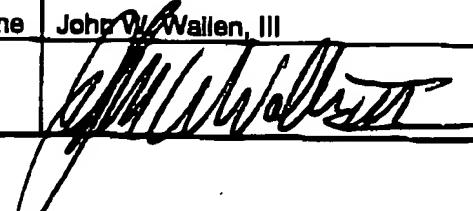
<i>Complete if Known</i>	
Application Number	
Filing Date	November 5, 1999
First Named Inventor	Alain T. Luxembourg et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT-1060

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$760.00
TOTAL CLAIMS	3 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260.00	
			<b>TOTAL FEES</b>	<b>\$ 760.00</b>

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/ORT-106/JWW in the amount of \$760.00.  
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1060/JWW. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>	
Type or Printed Name	John W. Wallen, III		Reg. No. 35,403
Signature		Date: November 5, 1999	Deposit Account No. 10-0750

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\*\*\* RX REPORT \*\*\*  
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